ANNUAL GROUP PROGRAM QUESTIONNAIRE

Instructions: Please complete a separate questionnaire for each licensed program facility/site which you operate. Please follow all instructions carefully to insure accurate information is maintained on your facility(s) and programs. This questionnaire is for many different kinds of programs. If the question does not apply to you, please indicate with a "NR" (not relevant) in the space provided. If you have any questions, please call the LOCATE staff at (240) 777-1457. Please return the completed questionnaire to MCCCR&RC at 332 West Edmonston Drive, Rockville, MD 20852

PLEASE TYPE OR PRINT

Date_____

1. Name of facility/program _____
2. Address_____ Community/Development _____
3. City _____ 4. County _____
5. Zip _____ 6. Site Phone ( )_____
7. Mailing Address (if different from site address) Fax ( )_____

_____ E-mail _____

_____

Website Address: _____

8. Site Director _____
9. a. Please check all that describe your program:

_____child care center (provides care to 2-5 year olds)
_____infant program (provides care to children under 2 years old)
_____nursery school (preschool program approved by the MSDE)
_____kindergarten (private kindergarten approved by MSDE)
_____part-day program (part-time preschool program for 2, 3 or 4 year olds, licensed by OCC)
_____school-age program (kindergarten and school-age children)
  _____full-time (accepts kindergarten and older school-age children for summer, school closings, and holidays)
  _____before school
  _____after school
_____summer program (offers summer care to kindergarten and older school-age children)
_____Head Start (government-funded preschool for low-income children, 2-5 years old)
_____Early Head Start (government-funded program for low-income pregnant women, infants and toddlers)

b. If you indicated that you offer a school-age program, please check all of the activities your program offers:

_____Homework Help
_____Sports & Recreation
_____Tutoring
_____Arts & Crafts
_____Performing Arts
_____Ethnic/Cultural
_____Community Service
_____Computer Activities

7/09

(For Office Use: Map/Coordinates _____)

10. Please circle all that apply:

    a. There is a subway/light rail station near the center Yes No
    Name of subway/light rail station _____

    b. There is a public bus line near the center Yes No
    Bus names and numbers _____

11. We are very interested in linking child care providers with the closest public school that the children you care for attend. If you had to choose one school, what is your primary public elementary school and your primary public middle school? (Please answer even if you do not provide school-age care).

    a. Primary public elementary school _____
    Name of public/private elementary schools that you transport to/from _____
    b. Primary public middle school _____
    Name of public/private middle schools that you transport to/from _____
    c. Other schools (public or private) you would like to list
    _____

12. a. Please circle all that you provide:

Before and/or after elementary school care	Yes	No
Before and/or after middle school care	Yes	No
Before and/or after preschool program (nursery, part-day, Head Start and Early Head Start)	Yes	No

    b. Please circle all that apply if you offer any before and/or after school care:

Center staff will walk/drive children to/from:	school	Yes	No
	school bus stop	Yes	No
Children can walk to/from:	school	Yes	No
	school bus stop	Yes	No

13. a. What time do you open? _____ Close? _____

    b. Are you willing to adjust the opening and closing hour to accommodate a parent's needs? Yes No

14. Please check the days of the week that you are regularly open:
    Sun ____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____

15. Please circle your answers:

    a. Accept income eligible children who are paid for by the Department of Social Services (Child Care Subsidy) Yes No

    b. Provide discount when caring for more than one child from the same family (Sibling Discount) Yes No

    c. Provide scholarships Yes No

    d. Offer sliding fee (fee that is flexible according to the parent's income) Yes No

16. Do you offer care: _____ Full time? _____ Part-time? _____ Both?
Do you offer infant care: _____ Full time? _____ Part-time? _____ Both?

17. Are you open:

9 or 10 months (closed in summer) _____ 12 months (year-round) _____
Summer only _____ During school vacations _____

18. Please circle yes or no for each of the following schedules. (Please send a copy of your license if you offer evening or overnight care. This must be reflected on your license). Do you offer:

Weekend (on regular basis)	Yes	No	Temporary/emergency	Yes	No
Drop-in care	Yes	No	Overnight	Yes	No
Evening	Yes	No	Rotating schedule	Yes	No

19. a. Do you require that all children be toilet trained except where a disability prevents toilet training? Yes No

b. Will you toilet train or assist with toilet training toddlers except where a disability prevents toilet training? Yes No

20. Please circle all that apply to your staff:

CPR trained	Yes	No
First-Aid trained	Yes	No
Administer prescribed medicine (with written permission)	Yes	No
Speak more than one language fluently	Yes	No

If yes, which language(s): _____

21. Please check the meals that you provide:

Breakfast _____ P.M. snack _____
A.M. snack _____ Dinner _____
Lunch _____ No meals/snacks _____

22. Does your center menu accommodate special diets (ex: kosher, vegetarian, severe food allergies)?
Yes No If yes, which ones? _____

Enrollment Information

Would you please take a few extra moments to complete the following questions concerning the enrollments in your program? This information, combined with that of other caregivers, will be used to provide an accurate picture of the number of children currently enrolled in regulated child care in Maryland.

23. How many children under 2 years of age do you have currently enrolled in your program? _____

24. How many children ages 2-4 years of age do you have currently enrolled in your program? _____

25. Do you have 5 year olds* enrolled in your program all day, all year? **These are the 5 year olds who did not make the September 1st kindergarten age cutoff.*

Yes ____ If yes, how many? ___ No ___

26. Do you have school age children, kindergarten* and up, in your program? (i.e., before/after school, and/or summer and holidays) **These are the 5 year olds who made the September 1st kindergarten age cutoff.*

Yes ____ If yes, how many? _____ No ___

27. Please circle Y if your program accepts or N if your program does not accept children of each age. Then complete the chart by listing the fees you charge for the different age groups that you accept.

Age	Accept	Weekly cost for full-time care	Daily cost for part-time care
6 wks. - 11 mon.	Y N	$_____ per week	$_____ per day
12 mon. - 23 mon.	Y N	$_____ per week	$_____ per day
2 years	Y N	$_____ per week	$_____ per day
3 years	Y N	$_____ per week	$_____ per day
4 years	Y N	$_____ per week	$_____ per day
5 years (In child care full-time)	Y N	$_____ per week	$_____ per day
5 years and older (full time during holidays/summer)	Y N	$_____ per week	$_____ per day
Before/after preschool	Y N	$_____ per week	$_____ per day
Before/after school (5 and older)	Y N	$_____ per week	$_____ per day

If you have an MSDE/OCC-approved nursery school or private kindergarten, please provide your monthly fees here:

_____

Please complete the following chart if you provide <u>evening/overnight</u> care (as reflected on your license) or <u>weekend</u> care. If you do not provide care during these hours, skip to question 28.

Age	Accept	Weekly cost for evening care	Weekly cost for overnight care	Daily cost for weekend care
6 wks. - 11 mon.	Y N	$_____ per week	$_____ per week	$_____ per day
12 mon. - 23 mon.	Y N	$_____ per week	$_____ per week	$_____ per day
2 years	Y N	$_____ per week	$_____ per week	$_____ per day
3 years	Y N	$_____ per week	$_____ per week	$_____ per day
4 years	Y N	$_____ per week	$_____ per week	$_____ per day
5 years and older	Y N	$_____ per week	$_____ per week	$_____ per day

Deposits, Fees and additional information:

28. Do you require a security deposit? Yes ___ If yes, how much? $ _____ No ___

29. Do you require a registration fee? Yes ___ If yes, how much? $ _____ No ___

30. Provide care for up to what age? _____years

31. Are you part of the Child and Adult Care Food Program? Yes No

32. Are you a member of your local child care center association? Yes No

33. Does your program have an emergency preparedness plan? Yes No

34. Have you received formal emergency preparedness training for your program? Yes No

The information you provide for Questions 35-42 are for statistical purposes only, and will not be available as part of your referral information to parents. Your information is combined with the information of other caregivers in order to study trends in the areas of compensation, children's mental health, and computer usage by the child care community.

35. a. STAFF SIZE:

	Number of Paid Staff	Average Annual Full-time Gross Gross Salary	Average Annual Part-time Gross Salary
Directors	_____	_____	_____
Teachers/Senior Staff	_____	_____	_____
Aides	_____	_____	_____
Other	_____	_____	_____
Total Staff	_____		

b. Do you provide benefits? Yes No
If yes, please check the benefits you provide:

	Fully Paid	Partially Paid	Available but no Employer contribution
Pre-Employment Costs (i.e. physical, FBI check)			
Health Insurance			
Dental Insurance			
Life Insurance			
Other (Specify): _____			

36. Do you currently have a child or children with special needs or disabilities enrolled in care?
Yes ___ If yes, how many? ___ No ___

37. Do you currently have a child or children in care who are receiving early childhood mental health services?
Yes ___ If yes, how many? ___ No ___ Don't know ___

38. Do you currently have a child or children in care who are receiving early intervention services other than mental health services?
Yes ___ If yes, how many? ___ No ___ Don't know ___

39. Have you ever referred a child or children for early intervention services?
Yes ___ If yes, how many? ___ No ___ Don't know ___

40. Have you ever had to terminate the care of a child due to behavior problems?
Yes ___ If yes, how many? ___ No ___

41. Do you have a working computer? ___Yes _____ No

42. Do children have access to a computer in your child care program? _____Yes _____ No

43. Please check all that apply:

ACTUAL LOCATION OF CENTER

College site _____
Employer site _____
Hospital _____
Religious site _____
Public school site _____
Elementary school _____
Middle school _____
High school _____
Private school site _____
Business/
Industrial Park _____
Public Housing _____
Freestanding building _____

AUSPICES/SPONSORSHIP

National chain _____
Local chain _____
Private non-profit agency _____
Public agency _____
Non-profit religious
organization _____
Proprietary (for profit) _____

44. a. Do you have reserved slots for parents of a particular company, organization, agency or school?
Yes No

If yes, please name: _____

b. Do you give priority of available slots to parents of a particular company, organization, agency or school?
Yes No

If yes, please name: _____

c. Do you offer a discount to the parents of any company, organization, agency or school?
Yes No

If yes, please name: _____

Special Needs Care

45. a. Have you had experience caring for children or adults with disabilities (child care, family and/or community activities)? Yes No

b. If yes, please check which disabilities you have had experience with or knowledge of:

Cognitive

_____ Delayed Development
_____ Down Syndrome
_____ Fragile X
_____ Learning Disabled
_____ Mental Retardation
_____ Speech/Language Delay
_____ Traumatic Brain Injury

Physical

_____ Athritis
_____ Cerebral Palsy
_____ Hearing/Vision Loss
_____ Low Muscle Tone
_____ Muscular Dystrophy
_____ Orthopedic
_____ Paraplegic
_____ Quadraplegic
_____ Spina Bifida

Medical

_____ Apnea Monitor
_____ BPD
_____ Blood/Organ Disorder
_____ Cancer
_____ Colostomy Bags
_____ Cystic Fibrosis
_____ Diabetes
_____ Drug Addicted/Exposed Newborns
_____ Feeding Problems/ GI Tubes
_____ Genetic Disorder
_____ George DeLange Syndrome
_____ Heart Condition
_____ HIV+/AIDS
_____ Hydrocephalus
_____ Lead Poisoning
_____ Prematurity
_____ Respiratory
_____ Severe Allergies
_____ Severe Asthma
_____ Seizure Disorder
_____ Trach Tube

Social//Emotional

_____ Adjustment Disorder
_____ Asperger Syndrome
_____ Attachment Disorder
_____ Attention Deficit Disorder
_____ Attention Deficit Hyperacvtivity Disorder
_____ Autism
_____ Behavior Problems
_____ Bipolar Disorder
_____ Emotional Problems
_____ Mood Disorder
_____ Obsessive-Compulsive Disorder
_____ ODD (Oppositional Defiant Disorder)
_____ PDD (Pervasive Development Disorder)
_____ Post-Traumatic Stress Disorder
_____ Sensory Integration Dysfunction
_____ Depression

c. Please circle all that apply to your program:
currently wheelchair accessible Yes No
know sign language Yes No

Education

46. Please indicate the number of your staff who have completed the following levels of education:

_____ Less than High School
_____ GED/High School
_____ Associate Degree
_____ Bachelor Degree
_____ Master Degree
_____ Doctoral Degree

47. a. Has anyone on your staff completed college level credit courses in Early Childhood Development or Early Childhood Education? Yes No If yes, how many staff? _____

b. Does anyone on your staff have a college degree in Early Childhood Development or Early Childhood Education? Yes No If yes, how many staff? _____

48. a. Has anyone on your staff completed college level credit courses in Special Education? Yes No If yes, how many staff? _____

b. Does anyone on your staff have a professional teaching certificate in Special Education issued by Maryland State Department of Education? Yes No If yes, how many staff? _____

49. Is there anything else you would like to share with parents about your program, i.e. training, preschool activities offered, types of pets, etc.?